

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	h G		2/9/03
O.I.P.E. CLASSIFIER		19	3/1/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		6-1694	3-50

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/9/03
2	✓	✓	12-14-03
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Best Available Copy

If more than 150 claims or 10 actions  
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